## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

_												
CLAIMS AS FILED - PART ( (Column 1) (Column 2)									ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS			45				1	RATE	FEE	٦	RATE	FEE
FOR ·			NUMBER FILED		NUMBER EXTRA		1	BASIC F	+	OR		+
TOTAL CHARGEABLE CLAIMS			45 minus 20=		· 25			XS 9=		OR	XS18=	4500
INDEPENDENT CLAIMS			minus 3 =		1			X43=	<del>                                     </del>	1	X86=	4300
MULTIPLE DEPENDENT CLAIM PE			RESENT						+	OR		<u> </u>
* If the difference in column 1 is less than zero, enter						column 2		+145=		OR	+290=	1000
/ / CLAIMS AS AMENDED - PART II								TOTAL	·	OR	TOTAL	12200
	14/3/04	(Column 1)		(Colum		(Column 3)	SMALL	ENTITY	OR		HER THAN	
ď	1/1/	CLAIMS REMAINING		HIGHE			1 1		ADDI-	7 1	•	ADDI-
ENT		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT	П	RATE	TIONAL FEE		RATE	TIONAL
<b>AMENDMENT A</b>	Total	. 45	Minus	- 4	<b>/</b> -	- ()	HĪ	X\$ 9=		OR	X\$18≖	
AME	independent	· /	Minus	3	) <	6	ı	X43=		OR	X86=	
	PINST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	ل_ا		+145=		OR	+290=	
					٠		Ł	TOTAL	-	1	TOTAL	
							A	DDIT. FEE		OR ,	ODIT. FEE	
_	·	(Column 1)		(Colum		(Column 3)				•		
•		REMAINING		HIGHE NUMBI		PRESENT	Г	•	ADDI-	П		ADDI-
Ž		AFTER AMENDMENT	1	PREVIOL PAID F		EXTRA		RATE	TIONAL	1 1	RATE	TIONAL
AMENDMENT	Total	•	Minus	**			ı	X\$ 9=	FEE	OR	X\$18=	FEE
ME	Independent	·	Minus	***		=	F	X43=			X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT C	CLAIM		F			OR		
									·	OR	+290=	
			AE	TOTAL DOIT, FEE		OR A	TOTAL DOTT. FEE					
		(Column 1)		(Column	12)	(Column 3)				•		
رد	`	CLAIMS REMAINING AFTER	·	HIGHES	ST R	PRESENT EXTRA	Г		ADDI-	r	RATE	ADDI-
				PREVIOU					TIONAL			TIONAL
		AMENDMENT		PAID FC	DR .		L		FEE	L		FEE
Ξ.	Total		Minus	*				X\$ 9=		OR	X\$18=	
<b>[</b>	Independent		Minus				Г	X43=		OR	X86=	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		$\vdash$			ᅜᅡ		
							1	145=	[-	OR	+290=	. 1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  **ADDIT FEE										DR	TOTAL	
11	the Highest Nun	nber Previousty Pai	d For IN THIS	SPACE is le	ess than	3. enter 3.1		DIT. FEE		AL	DOTT. FEE	
• •	ne riignesi Numi	ber Previously Paid	ror (lotal or	inaependent)	is the i	iignesi number i	lound	in the app	ropriate box	in colun	nn 1.	
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